



Division of Disability & Rehabilitative Services

Bureau of Quality Improvement Services

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Incident Reporting and Management Training

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Liberty of Indiana, BQIS Contractor

General Overview

- Incident Reporting and Management Policy
- Overriding Guideline
- Life Cycle of an Incident
- Components of an Initial and Follow-up Incident Report
- What is a Reportable Incident?
- Quality Assurance/Quality Improvement

Incident Reporting and Management Policy

- Effective March 1, 2011
- Applies to all individuals receiving supports/services through BDDS.
- Available at <http://www.in.gov/fssa/ddrs/3340.htm>
- Frequently Asked Questions (FAQs) also available at <http://www.in.gov/fssa/ddrs/3838.htm>

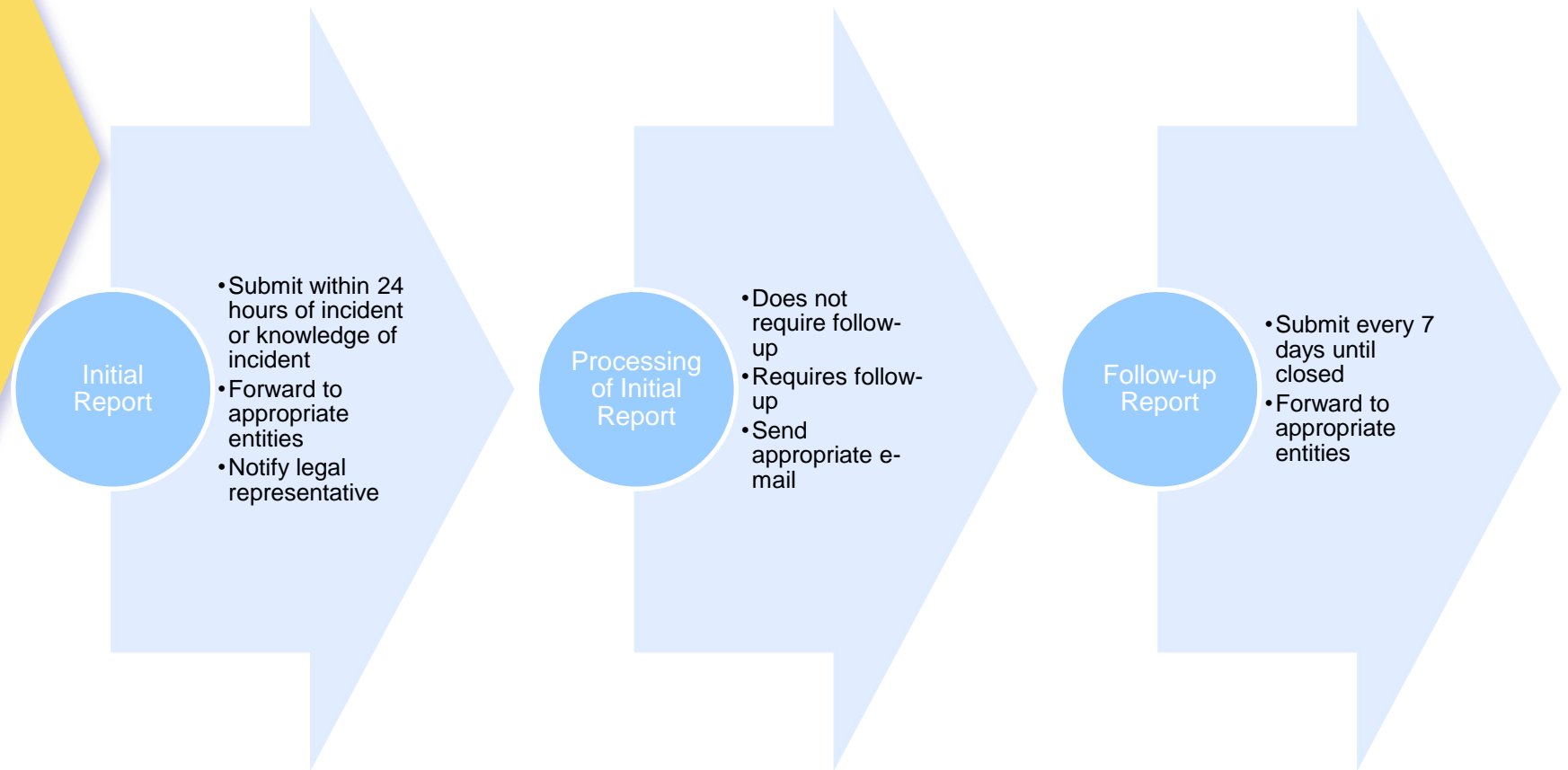
Mandated Reporters

- Who is a mandated reporter? All provider staff, case managers, service coordinators and other BDDS staff, BQIS staff, etc.
- Required to report alleged, suspected or actual abuse, neglect or exploitation of an individual.
- Required to report any incident that meets the criteria of a reportable incident.

Reportable Incident Guideline

Reportable incidents are any event or occurrence characterized by risk or uncertainty
resulting in or
having the potential to result in
significant harm or injury to an individual...

Life Cycle of an Incident Report



Initial Incident Report – Who Gets This?

- The reporting person forwards a copy of the submitted Incident Initial Report within 24 hours to:
 - APS/CPS (any allegation of abuse, neglect, exploitation or death);
 - BDDS service coordinator;
 - Residential provider when receiving residential services;
 - Case manager when receiving services funded by waiver;
 - All other service providers identified in the ISP (e.g., day services, behaviorists, etc.); and
- Notifies the legal representative of the incident.

Follow-up Report – Who Gets This?

- The person responsible for follow-up forwards a copy of the submitted Follow-up Report(s) to the same people who received a copy of the Incident Initial Report.

Entity Responsible for Submitting Follow-up Report

For anyone receiving
waiver services

Autism waiver,
DD waiver, or
Support Service waiver



CASE MANAGER

For anyone receiving
State Line Item (SLI) only,
LP-ICF, or
Supervised Group
Living (SGL)
Services



**RESIDENTIAL
PROVIDER**

For anyone receiving
Title XX or
nursing home
services



**BDDS SERVICE
COORDINATOR**

For anyone receiving
Caregiver Supports



PROVIDER

Components of an Initial Incident Report

- Is comprehensive, but concise (who, what, where, when, why, how);
- Is objective;
- Describes the incident, circumstances, and activities taking place immediately prior to the incident;
- Is written so it is clear who did what (first name and last initial);

Components of an Initial Incident Report (continued)

- Is written so the roles of the people involved are clear (e.g., victim, alleged perpetrator, staff, family, etc.);
- Uses formal names (not nicknames or middle names) – this assists with verifying the incident report is linked to the correct person;

Components of an Initial Incident Report (continued)

- Includes information relative to:
 - Any injury sustained and the body part(s) affected (e.g., a 3” laceration to the left lower arm, a purple bruise in the shape of a heel print on the right thigh);
 - The type of treatment given, who provided the treatment, and the treatment location;
 - If someone goes to the ER, urgent care facility or hospital, include what testing was completed and/or what diagnosis was determined;

Components of an Initial Incident Report (continued)

- Includes whether there is a history of this type of incident (e.g., pattern, same people involved, same time, same location, etc.);
- Indicates if there any risk plans in place at the time of the incident. Indicates if the risk plans were being implemented;
- If relocated, includes the site (business/home, street, city) of relocation;

Components of an Initial Incident Report (continued)

- States who reported the incident (e.g., individual, staff, family member, neighbor);
- Includes whether there was any negative outcome;
- Includes what supports/counseling are in place for alleged victims of abuse, neglect or exploitation;

Components of an Initial Incident Report (continued)

- If a restraint/hold was used, indicates the type of restraint/hold used, the length of time of the restraint/hold, and whether it is part of an approved Behavior Support Plan (BSP).

Components of a Plan to Resolve

- Includes immediate actions taken such as:
 - Staff suspension (in the event of an allegation of abuse, neglect or exploitation) from duty pending the outcome of the investigation;

Components of a Plan to Resolve (continued)

- Includes immediate actions taken and actions planned, but not yet implemented to resolve the incident such as:
 - Staff in-service;
 - Additional monitoring;
 - Individual Support Team (IST) meeting;
 - Review/revision of ISP/BSP/risk plan;
 - Review of agency policy/procedure/practice;
 - Medical appointment;

Components of a Plan to Resolve (continued)

- Includes the person responsible;
- Includes a completion date;
- Includes a statement indicating any disciplinary actions taken (e.g., termination, reprimand, probation, etc.);

Components of a Plan to Resolve (continued)

- If restrictions are being implemented, includes information on whether the restrictions have been reviewed and approved by a Human Rights Committee (HRC), when they will go through HRC, and what the emergency approval process is in the meantime.

Components of a Follow-up Report

- Describes any additional follow-up or systemic actions being taken to address health and safety;
- Is thorough and complete;
- Answers any questions that might have been asked when the initial incident report was processed;

Components of a Follow-up Report (continued)

- If a medical condition has changed, includes information regarding the change (e.g., sutures removed, cast will remain on an additional two weeks, etc.);
- Includes a statement indicating any disciplinary action taken (e.g., termination, reprimand, probation, etc.);
- Includes a summary of the results of the investigation (if allegation or unknown injury).

Reportable Incident Guideline

Reportable incidents are any event or occurrence characterized by risk or uncertainty
resulting in or
having the potential to result in
significant harm or injury to an individual...

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual **physical abuse** including, but not limited to:
 - Intentionally touching another person in a rude, insolent or angry manner;
 - Willful infliction of injury;
 - Unauthorized restraint/confinement resulting from physical or chemical intervention;
 - Rape;

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual **sexual abuse** including, but not limited to:
 - Non consensual sexual activity;
 - Sexual molestation;
 - Sexual coercion;
 - Sexual exploitation;

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual **emotional/verbal abuse** including, but not limited to:
 - Communicating with words or actions in a person's presence with intent to:
 - Cause fear of retaliation;
 - Cause fear of confinement or restraint;
 - Cause person to experience emotional distress/humiliation;
 - Cause person to be viewed by others with hatred, contempt, disgrace or ridicule;
 - Cause person to react in a negative manner;

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual **domestic abuse** including, but not limited to:
 - Physical violence;
 - Sexual abuse;
 - Emotional/verbal abuse;
 - Intimidation;
 - Economic deprivation;
 - Threats of violence
- from a spouse or cohabitant intimate partner;

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual **neglect** including, but not limited to:
 - Failure to provide appropriate supervision, care or training;
 - Failure to provide a safe, clean and sanitary environment;
 - Failure to provide food and medical services as needed;
 - Failure to provide medical supplies/safety equipment as indicated in the ISP;

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual **exploitation** including, but not limited to:
 - Unauthorized use of the:
 - Personal services;
 - Personal property or finances; or
 - Personal identityof an individual;
 - or other instance of exploitation for one's own profit or advantage or for the profit or advantage of another;

Reportable Incident Criteria

(including, but not limited to)

- Peer to peer aggression that results in significant injury by one person receiving services to another person receiving services;

Reportable Incident Criteria

(including, but not limited to)

- Death;
- Service delivery site with a structural or environmental problem that jeopardizes or compromises the health/welfare of an individual;
- Fire at a service delivery site that jeopardizes or compromises the health/welfare of an individual;

Reportable Incident Criteria

(including, but not limited to)

- Elopement of an individual that results in evasion of required supervision as described in the ISP as necessary for the individual's health/welfare;
- Missing person when an individual wanders away and whereabouts are unknown;

Reportable Incident Criteria

(including, but not limited to)

- Alleged, suspected, or actual criminal activity by an individual receiving services OR an employee, contractor/agent of a provider when:
 - The individual's services/care are affected or potentially affected;
 - The activity occurred at a service site or during service activities;
 - The individual was present at the time of the activity regardless of the location;

Reportable Incident Criteria

(including, but not limited to)

- An emergency intervention (such as a hospital admission or emergency room visit, etc.) resulting from:
 - A physical symptom
 - A medical or psychiatric condition
 - Any other event

Reportable Incident Criteria

(including, but not limited to)

- Any injury to an individual when the cause is unknown **AND** the injury could be indicative of abuse, neglect or exploitation;
- Any injury to an individual when the cause is unknown **AND** the injury requires medical evaluation or treatment;

Reportable Incident Criteria

(including, but not limited to)

- A significant injury includes, but is not limited to:
 - Fracture;
 - Burn (including sunburn and scalding) greater than first degree;
 - Choking requiring intervention (e.g., Heimlich, finger sweep, back blows);

Reportable Incident Criteria

(including, but not limited to)

- A significant injury includes, but is not limited to:
 - Bruise/contusion larger than 3 inches in any direction or pattern of bruises regardless of size;
 - Laceration which requires more than basic first aid;
 - Occurrence of skin breakdown related to a decubitus ulcer;

Reportable Incident Criteria

(including, but not limited to)

- A significant injury includes, but is not limited to:
 - Any injury requiring more than first aid;
 - Any puncture wound penetrating the skin, including human or animal bites;
 - Any pica ingestion requiring more than first aid;

Reportable Incident Criteria

(including, but not limited to)

- A fall resulting in injury, regardless of the severity of the injury;

Reportable Incident Criteria

(including, but not limited to)

- A medication error or medical treatment error as follows:
 - Wrong medication given; **OR**
 - Wrong medication dosage given; **OR**
 - Missed medication – not given; **OR**
 - Medication given wrong route; **OR**
 - Medication error that jeopardizes health/welfare and requires medical attention;

Reportable Incident Criteria

(including, but not limited to)

- Use of any aversive technique including, but not limited to:
 - Seclusion;
 - Painful or noxious stimuli;
 - Denial of a health-related necessity;
 - Other aversive technique identified by DDRS policy
(http://www.in.gov/fssa/files/Aversive_Techniques.pdf);

Reportable Incident Criteria

(including, but not limited to)

- Use of any PRN medication related to an individual's behavior;
- Use of any restraint (physical/manual, mechanical) for behavioral reasons regardless of:
 - Planning;
 - Human Rights Committee approval;
 - Informed consent.

Incident Reporting

Incident reports are tools to assist with

- identification,
- assessment,
- reporting, and
- resolution of issues

affecting health and safety.

Quality Assurance/ Quality Improvement



Provider Internal Incident Reports

- If an incident is determined by the provider to not meet the criteria of a reportable incident as described in the policy, upon request, the internal incident report shall be made available to:
 - the case manager (if applicable) or
 - any representative of DDRS, Indiana State Department of Health or Office of Medicaid Policy and Planning (OMPP).

Maintenance of Incident Report Data

- All documentation related to incident reporting, regardless of format, shall be maintained for a minimum of 7 years.

Website to Submit Incident Reports

<https://ddrsprovider.fssa.in.gov/IFUR/>

Incident Reporting Contact Information

E-mail:

BDDSIIncidentReports@fssa.in.gov

Telephone:

(260) 482-3192

Resource Information

BQIS Contract Liaison:

- Shelly Thomas: (317) 234-2707
- Email: Shelly.Thomas@fssa.in.gov

Liberty of Indiana:

- Fort Wayne Office: (260) 482-3192
Indianapolis Office: (317) 974-0980